

Statistical Report

North Carolina Department of Health and Human Services

Agency: _____

Period Covered: _____

Report Prepared by: _____

Quarter: _____

Telephone: _____

See instructions on attached

To Be Completed By All Divisions/Institutions

This Period

Year-to-Date

Number of Employees (YTD-Average)

Number of Manhours

(1) Report Only Cases

(2) First Aid Cases

(3) Number of Lost Workdays Resulting From Injuries

(4) Number of Lost Workdays Resulting From Illnesses

(5) Number of Restricted Workdays Resulting From Injuries

(6) Number of Restricted Workdays Resulting From Illnesses

(7) Cost of State Equipment & Private Property

**Items 8 through 12 of this report are to be completed ONLY
by agencies with Employee Health Clinics**

(Broughton Hospital, Caswell Center, Cherry Hospital, Dorothea Dix Hospital, John Umstead Hospital, Murdoch Center, O'Berry Center and Western Carolina Center)

(8) Cases Involving Injuries Without Lost Workdays

(9) Cases Involving Injuries With Restricted Workdays

(10) Cases Involving Illnesses Without Lost Workdays

(11) Cases Involving Illnesses With Restricted Workdays

(12) In-House Medical Cost

Report must be submitted by the tenth of the month to the DHHS Manager of Employee Safety and Benefits.

NATURE OF INJURY				
Department:	THIS PERIOD			YEAR-TO-DATE (Optional)
Period Covered: _____ to _____	C	CA	O	
No Physical Injury (i.e., glasses, contact lenses, artificial appliance)				
Amputation				
Angina Pectoris (Heart Disease, chest pain)				
Burn (heat, chemical)				
Concussion				
Contusion (bruise, hematoma)				
Crushing				
Dislocation (pinched nerve, ruptured/herniated disc, tear)				
Electric Shock (electrocuted)				
Enucleation (removal of organ, tumor)				
Foreign Body (e.g., lint in eye)				
Fracture				
Freezing (frost bite)				
Loss of Hearing (traumatic)				
Heat Prostration (heat exhaustion; fainted due to heat exposure)				
Hernia (e.g., from lifting)				
Infection				
Inflammation (heat, swelling, redness & pain)				
Laceration (calluses, tearing, cut, scratch)				
Myocardial Infarction (heart attack/conditions)				
Poisoning (not OD or cumulative)				
Puncture (Needle stick)				
Rupture				
Severance (e.g., severed finger, hand, etc.)				
Sprain				
Strain				
Syncope (fainting, passing out and no other injury)				
Asphyxiation (suffocation, strangulation, drowning)				
Vascular (circulatory; excludes heart, includes strokes)				
Vision Loss				
All Other Specific Injuries, NOC (not otherwise classified)				
Dust Disease (Pneumoconiosis)				
Asbestosis (Lung Disease)				
Black Lung (coal)				
Byssinosis (cotton)				
Silicosis (silica dust)				
Respiratory disorders (gases, fumes, chemicals, etc.)				
Poisoning - chemical (other than metals)				
Poisoning - metal (man-made)				
Dermatitis (any kind of skin irritation)				

NATURE OF INJURY				
Department:	THIS PERIOD			YEAR-TO-DATE (Optional)
Period Covered: _____ to _____	C	CA	O	
Mental Disorder (e.g., acute anxiety, neurosis, depression)				
Radiation (tissue, bones, body fluids)				
Other Occupational Disease (Blood/body fluid borne pathogens)				
Loss of Hearing				
Contagious Disease (all except blood/body fluid borne pathogens)				
Cancer				
AIDS				
VDT Related Disease (video display terminal)				
Mental Stress				
Carpal Tunnel Syndrome				
Other Cumulative Injuries (death is sometimes put here)				
TOTAL NATURE OF INJURY				

PART OF BODY				
Department:	THIS PERIOD			YEAR-TO-DATE (Optional)
Period Covered: _____ to _____	C	CA	O	
Head (multiple injuries; combination of parts)				
Skull				
Brain				
Ear(s) (eardrum)				
Eyes(s)				
Nose (includes nasal passage, sense of smell)				
Teeth				
Mouth (lips, tongue, throat, taste)				
Facial Soft Tissue				
Facial Bones				
Neck (multiple injuries; combination parts)				
Vertebrae				
Disc (neck , spinal column)				
Spinal Cord				
Larynx (vocal cords)				
Soft Tissue (neck)				
Trachea				
Upper Extremities (multiple to arms, excluding wrist & hands)				
Upper Arm (humerus)				
Elbow (radial head)				
Lower Arm (forearm)				
Wrist				
Hand (excluding wrist, fingers)				
Finger(s) (excluding thumb)				
Thumb				
Shoulder(s) (armpit, rotator cuff, trapezius, clavicle, scapula)				
Wrist(s) & hand(s)				
Trunk (multiple injuries; combination parts)				
Upper Back (thoracic area)				
Low Back (lumbar, lumbo-sacral)				
Disc (back)				
Chest (ribs, sternum, soft tissue)				
Sacrum and Coccyx (final nine vertebrae - fused)				
Pelvis				
Spinal Cord (nerve tissue other than cervical segment)				
Internal Organs (other than heart, lungs)				
Heart				
Lower Extremities (legs, multiple injuries to combination of parts)				
Hip				

PART OF BODY				
Department:	THIS PERIOD			YEAR-TO-DATE (Optional)
Period Covered: _____ to _____	C	CA	O	
Thigh, upper leg				
Knee				
Lower Leg				
Ankle				
Foot				
Toe(s)				
Great Toe				
Lungs				
Abdomen (excluding internal organs)				
Buttocks				
Lumbar & or Sacral Vertebrae (vertebrae NOC Trunk)				
Artificial Appliance (braces, etc.)				
Insufficient info to properly identify				
No Physical Injury (mental disorder)				
Multiple Body Parts (e.g., arm <u>and</u> leg, multiple internal organs)				
Body Systems (poisoning, inflammation, nerves)				
TOTAL PART OF BODY				

Department: Period Covered: _____ to _____	THIS PERIOD			YEAR-TO-DATE (Optional)
	C	CA	O	
IMMEDIATE CARE				
Chemicals (e.g., picked up battery, got acid on hand)				
Touched hot pan				
Temperature Extremes				
Fire or Flames				
Boiling water splashed on skin				
Dust, Gases, Fumes, or Vapors				
Welding flash - injury to eyes				
Radiation				
Contact with, NOC				
Cold Objects or Substances				
Abnormal Air Pressure				
Electrical Current				
A. TYPE TOTAL - Burn or Scald - Heat or Cold exposure total				
Machine or Machinery				
Object Handled				
Caught In, Under or Between				
Collapsing Materials (earth slides)				
B. TYPE TOTAL - Caught in, Under or Between				
Broken Glass				
Hand Tool, Utensil (not powered, e.g., screw driver fell on toe)				
Object Being Lifted or Handled				
Powered Hand Tool, Appliance (e.g., drill slipped and hit finger)				
Cut, Puncture, Scrape				
C. TYPE TOTAL - Cut, Puncture, Scrape				
Fall From Different Level (e.g., from second story bldg., off wall)				
Fall From Ladder or Scaffolding				
Fall From Liquid or Grease Spills				
Fall Into Opening (shaft, evacuation, floor openings)				
Fall on Same Level (tripped and stumbled)				
Slipped, did not fall foot (e.g., slipped, pulled leg muscle)				
Fall, Slip or Trip				
Ice or Snow				
Stairs				
D. TYPE TOTAL - Fall, Slip or Trip				
Crash of Water Vehicle				
Crash of Rail Vehicle				
Collision or Sideswipe with Another Vehicle (both in motion)				
Collision with Fixed Object (e.g., hit telephone pole)				
Crash of Airplane				

Department: Period Covered: _____ to _____	THIS PERIOD			YEAR-TO-DATE (Optional)
	C	CA	O	
Vehicle Upset (overturned or jackknife e.g., forklift turned over)				
Motor Vehicle, NOC				
<i>E. TYPE TOTAL - Motor Vehicle</i>				
Continual Noise				
Twisting				
Jumping				
Holding or Carrying				
Lifting (including lifting patient)				
Pushing or Pulling (pushing a cart)				
Reaching (reaching for a box over head)				
Using Tool or Machine				
Strain of Injury				
Throwing or Wielding				
Repetitive Motion (Carpal Tunnel Syndrome)				
<i>F. TYPE TOTAL - Strain</i>				
Moving Parts of Machine (e.g., meat slicer cut finger)				
Object Being Lifted or Handled (moving boxes)				
Sanding, Scraping, Cleaning Operations				
Stationary Object (e.g., walked into wall)				
Stepping on Sharp Object (e.g., a nail)				
Striking Against or Stepping On				
<i>G. TYPE TOTAL -Striking Against or Stepping On</i>				
Fellow Worker, Patient (not an act of crime)				
Falling or Flying Object (e.g., box falling)				
Hand Tool or Machine in Use				
Motor Vehicle				
Moving Parts of Machines				
Object Being Lifted or Handled				
Object Handled By Others				
Struck or Injured (kicked, stabbed, bit)				
Animal or Insect (bee sting)				
Explosion or Flare Back				
<i>H. TYPE TOTAL - Struck or Injured By</i>				
Repetitive Motion (callouses, blisters, etc.)				
Rubbed or Abraded, NOC				
<i>I. TYPE TOTAL - Rubbed or Abraded By</i>				
Absorption, Ingestion or Inhalation				
Foreign Matter In Eye				
Person In Act of a Crime (robbery, assault)				
Other than Physical Cause of Injury				
Cumulative Injury, NOC				
Other, Misc., NOC (TB)				
<i>J. TYPE TOTAL - Miscellaneous Causes</i>				
TOTAL TYPE OF INCIDENT (SUM A-J)				